

Work Order ID 120636

Monday, June 09, 2014 10:11:42 AM

\*120636\*

Ship Date 11/1  
Page 1

Item ID: D3574-5

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Cabin Floor Protector

Stop

\*NS2\*

Start Date: 6/9/2014 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 6/11/2014 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals: Process Plan: WLF

Date: 14-6-9

Tooling:

Date:

Run Start

\*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D3574	Rev B
-------	-------

DAS

23

9-89

14-06-8

100

0.00

\*100\*

FLOW WATER JET

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg D3574 Dwg Rev: B Prog Rev: B 2-  
Deburr if necessary

2 0

110

QC2- Inspect parts off machine FAI/FAIB

0.00

DAS

23

9-89

14-06-8

\*110\*

QC

Memo

0.00

Quality Control

120

QC8- Inspect parts - second check

0.00

EB 39  
14-06-09

\*120\*

QC

Memo

0.00

Quality Control

(2)  
count

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only 

Work Order: _____	<b>DISPOSITION</b>	<b>AGAINST DEPARTMENT/PROCESS</b>							
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

<b>FAULT CATEGORY</b>									
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	<input type="checkbox"/> Other				

Work Order ID 120636

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\*120636\*

Page 2

Item ID: D3574-5

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Start

\*NS1\*

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\*NS2\*

Start Date: 6/9/2014 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 6/11/2014 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

\*130\*

Small Fab

Small Fab

Small Fab

Memo

Deburr if necessary.

0.00

N/A  
DAS  
27  
S-89

140

\*140\*

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

Memo

0.00

150

\*150\*

Packaging

Packaging

Identify as per dwg & Stock Location: \_\_\_\_\_ 0.00

Memo

PPP120627  
0.00

DAS  
28  
S-89

2X JUN 09 2014

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Date:



# **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Date:

## Work Order update only

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
Bending			Bend		Folio/Program		Outside Dimensions		Pressure/Forced		
Centre Not Concentric			BOM/Route		Grain		Over/Under tolerance		Set-up		
Cracks			Broken/Damage/Defect		Hardware		Part Incorrect		Temperature/Cure		
Crimp/Kink/Ripple/Wave			Burrs		Inspection Incomplete/Unqualified		Part Lost/Missing		Weld		
Cuffs			Contamination		Instructions Incomplete/Unclear		Part Moved		Wrong Stock Pulled		
Crushing			Countersink		Misaligned/off center		Positioned Wrong				
Heat Treat			Cut Too Short		Mislabeled		Power Loss/Surge				
Inspection Strip in Tube			Drawing		Misread						
Marks/Chatter			Drill Holes		Off-set						
Turning Sequence			Finish		Out of Calibration						
Wave/Twist in Tube			Fit/Function		Out of Sequence						

Work Order ID 120636

Monday, June 09, 2014 10:11:42 AM

\*120636\*

Page 3

Item ID: D3574-5

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Cabin Floor Protector

Stop

\*NS2\*

Start Date: 6/9/2014 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 6/11/2014 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run

Start

\*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

160

QC21- Final Inspection - Work Order Release

0.00

\*160\*

QC

Quality Control

0.00

MLJ 14-06-10

Memo

④ 1469

DQA:

Date:



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only 

Work Order: _____			<b>DISPOSITION</b>			<b>AGAINST DEPARTMENT/PROCESS</b>						
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
Suspected Unapproved <input type="checkbox"/>			Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Other <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector	
Design Doc/Data Equip/Tooling Handling/Pre Material Operator Offset/Setup Process Supplier Training Transport Unapproved												
<b>FAULT CATEGORY</b>												
Landing Gear	Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube <input type="checkbox"/>			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function <input type="checkbox"/>			Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/>			Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>    		

**Picklist Print**

Page 1

Monday, June 09, 2014 10:11:42 AM

Work Order ID: 120636

**\*120636\***  
**\*D3574-5\***

Parent Item: D3574-5

Parent Item Name: Cabin Floor Protector

Start Date: 6/9/2014

Required Date: 6/11/2014

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev :A New Issue 07.07.23 EC verified by:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status DAS
MLEXS.125-F60029-04		Purchased	No				sf	3,526.525	**	64			23 9-89

**\*MI FXS 125-F60029-04\***

GE PLASTICS LEXAN SHEET

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT019	3526.525	
124866	106	
m126425	160.925	
m127934	699.6	
m128746	2560	128746

DQA: \_\_\_\_\_

Date: \_\_\_\_\_



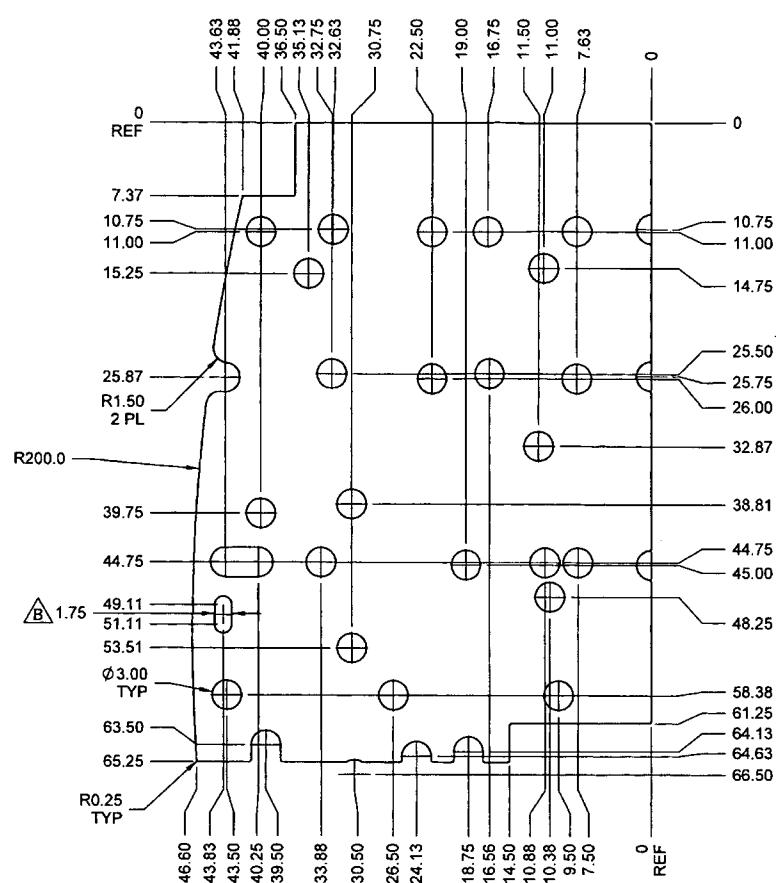
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date: \_\_\_\_\_

Work Order update only 

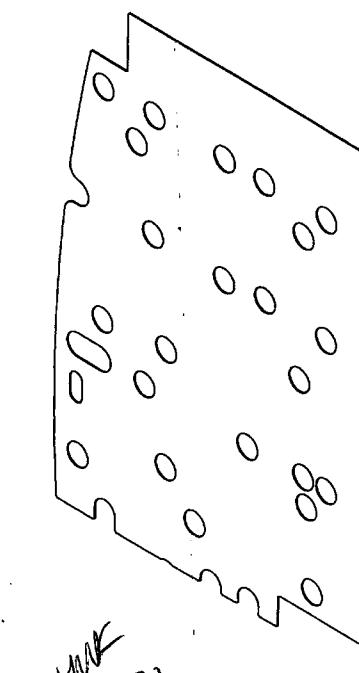
Work Order: _____			<b>DISPOSITION</b>		<b>AGAINST DEPARTMENT/PROCESS</b>						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
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Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											
FAULT CATEGORY											
Landing Gear	General			Folio/Program			Outside Dimensions			Pressure/Forced	
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>			Set-up <input type="checkbox"/>				
	Centre Not Concentric <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>			Temperature/Cure <input type="checkbox"/>				
	Cracks <input type="checkbox"/>	Broken/Damage/Defect <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>			Weld <input type="checkbox"/>				
	Crimp/Kink/Ripple/Wave <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>					Wrong Stock Pulled <input type="checkbox"/>		
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					Power Loss/Surge <input type="checkbox"/>		
	Crushing <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Other <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>								
	Inspection Strip in Tube <input type="checkbox"/>	Drawing <input type="checkbox"/>	Off-set <input type="checkbox"/>								
	Marks/Chatter <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Fit/Function <input type="checkbox"/>									



D3574-1 CABIN FLOOR PROTECTOR

NOTES:

- 1) MATERIAL: F60029 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE), 0.125 THICK, TEXTURED SIDE UP, (REF DART SPEC MLEXS.125-F60029-04)
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3574-1" AND B/N USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE OF PART
- 7) WEIGHT: 14.30 lbs
- 8) CHECK PER TEMPLATE DT8961



WIP  
#126836  
14-6-9

RELEASED  
09/03/07 AM

B	ADD CUT-OUT TO -1/-5 FOR WEIGHT AND BALANCE DATA PLATE ZN B7-1, B8-5, -2 NOW SHOWN ON SHEET 2			09.03.25
A	NEW ISSUE		CB	07.06.08
REV.	DESCRIPTION		BY	DATE
DESIGN		<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA		
DRAWN		DRAWING NO.	REV. B	
CHECKED		D3574	SHEET 1 OF 6	
MFG. APPR.		APPROVED	TITLE	SCALE
DE APPR.		DE APPR.	CABIN FLOOR PROTECTOR	NTS
DATE	09.03.25			

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DQA: \_\_\_\_\_

Date: \_\_\_\_\_



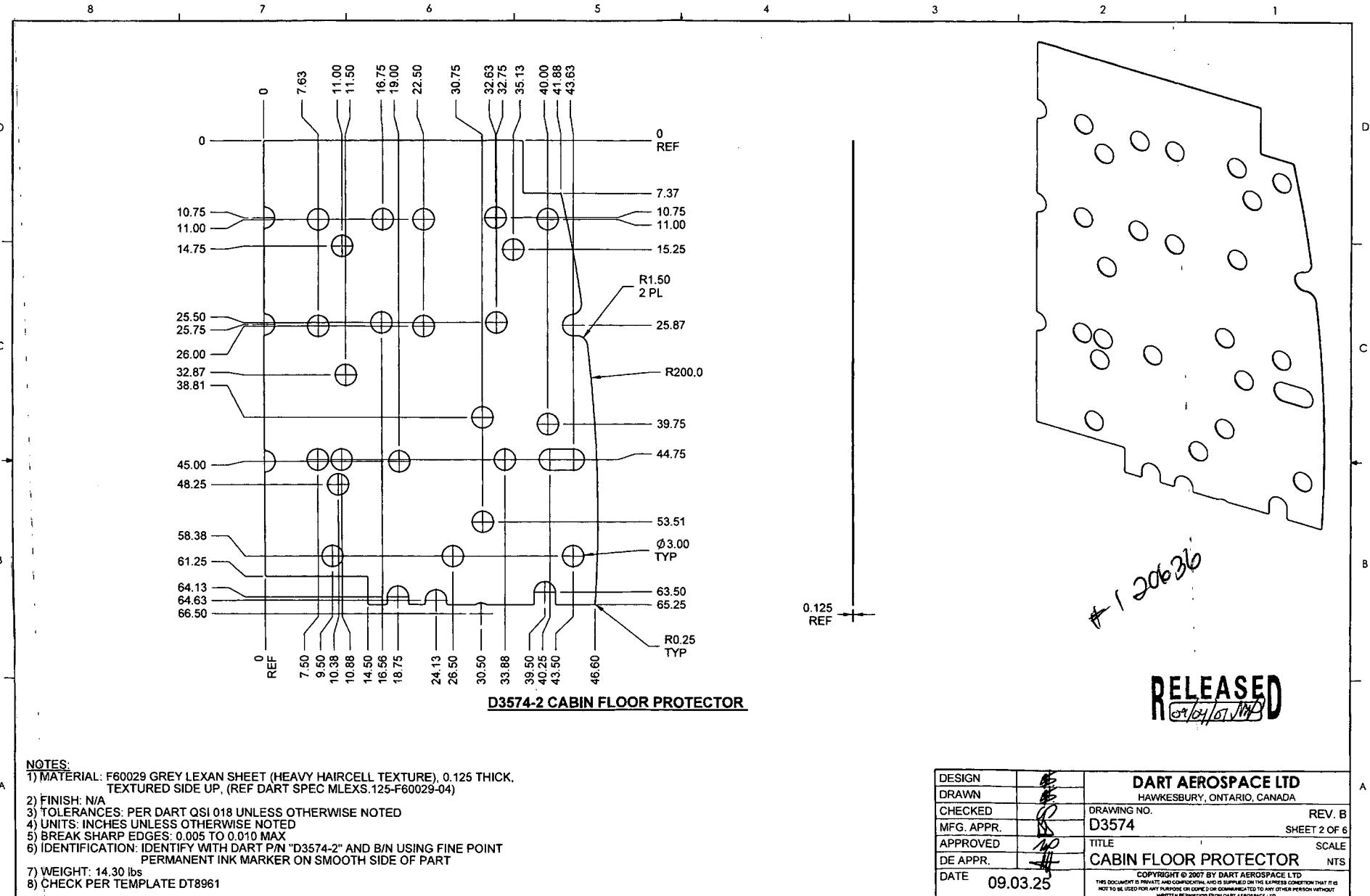
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Work Order update only 

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		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
		Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector	
Design Doc/Data Equip/Tooling Handling/Pre Material Operator Offset/Setup Process Supplier Training Transport Unapproved												
FAULT CATEGORY												
Landing Gear	Bending			General	Folio/Program			Outside Dimensions			Pressure/Forced Set-up	
	Centre Not Concentric			Bend <input type="checkbox"/>	Grain <input type="checkbox"/>			Over/Under tolerance <input type="checkbox"/>			Temperature/Cure	
	Cracks			BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>			Part Incorrect <input type="checkbox"/>			Weld <input type="checkbox"/>	
	Crimp/Kink/Ripple/Wave			Broken/Damage/Defect <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>			Part Lost/Missing <input type="checkbox"/>			Wrong Stock Pulled <input type="checkbox"/>	
	Cuffs			Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>			Part Moved <input type="checkbox"/>			Power Loss/Surge <input type="checkbox"/>	
	Crushing			Contamination <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>			Positioned Wrong <input type="checkbox"/>			Other <input type="checkbox"/>	
	Heat Treat			Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>			Outside Dimensions <input type="checkbox"/>				
	Inspection Strip in Tube			Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>			Over/Under tolerance <input type="checkbox"/>				
	Marks/Chatter			Drawing <input type="checkbox"/>	Off-set <input type="checkbox"/>			Part Incorrect <input type="checkbox"/>				
	Turning Sequence			Drill Holes <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>			Part Lost/Missing <input type="checkbox"/>				
	Wave/Twist in Tube			Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>			Part Moved <input type="checkbox"/>				
				Fit/Function <input type="checkbox"/>								



DQA:

Date:



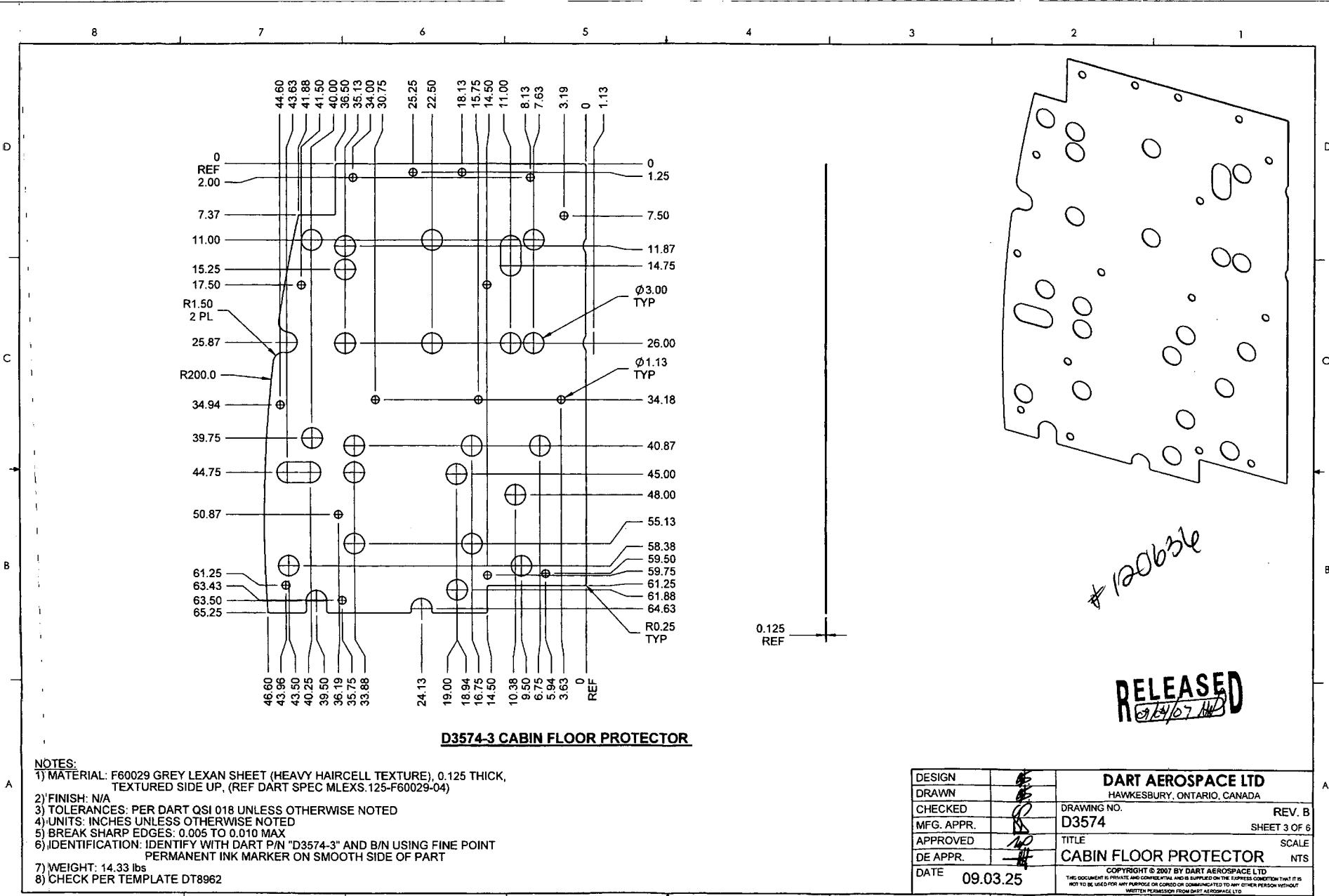
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Unapproved																																																																																																																										
FAULT CATEGORY																																																																																																																										
Landing Gear				<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center; padding: 5px;">General</td> <td colspan="4" style="text-align: center; padding: 5px;">Outside Dimensions</td> <td colspan="4" style="text-align: center; padding: 5px;">Pressure/Forced</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">Bending</td> <td style="vertical-align: top; padding: 5px;">Bend <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Folio/Program <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Grain <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Over/Under tolerance <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Set-up <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Temperature/Cure <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Weld <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Wrong Stock Pulled <input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">Centre Not Concentric</td> <td style="vertical-align: top; padding: 5px;">BOM/Route <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Hardware <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Inspection Incomplete/Unqualified <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Part Incorrect <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Part Lost/Missing <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Part Moved <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Positioned Wrong <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Power Loss/Surge <input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">Cracks</td> <td style="vertical-align: top; padding: 5px;">Broken/Damage/Defect <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Contamination <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Instructions Incomplete/Unclear <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Misaligned/off center <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Off-set <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Out of Calibration <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Out of Sequence <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Other <input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">Crimp/Kink/Ripple/Wave</td> <td style="vertical-align: top; padding: 5px;">Burrs <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Countersink <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Mislabeled <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Misread <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">Cuffs</td> <td style="vertical-align: top; padding: 5px;">Cut Too Short <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Drawing <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Drill Holes <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Finish <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;">Fit/Function <input type="checkbox"/></td> <td style="vertical-align: top; padding: 5px;"></td> <td style="vertical-align: top; padding: 5px;"></td> <td style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">Crushing</td> <td style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">Heat Treat</td> <td style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">Inspection Strip in Tube</td> <td style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">Marks/Chatter</td> <td style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">Turning Sequence</td> <td style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">Wave/Twist in Tube</td> <td style="vertical-align: top; padding: 5px;"></td> </tr> </table>								General				Outside Dimensions				Pressure/Forced				Bending	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>	Weld <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>	Centre Not Concentric	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Cracks	Broken/Damage/Defect <input type="checkbox"/>	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Off-set <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	Other <input type="checkbox"/>	Crimp/Kink/Ripple/Wave	Burrs <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Misread <input type="checkbox"/>					Cuffs	Cut Too Short <input type="checkbox"/>	Drawing <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Finish <input type="checkbox"/>	Fit/Function <input type="checkbox"/>				Crushing									Heat Treat									Inspection Strip in Tube									Marks/Chatter									Turning Sequence									Wave/Twist in Tube								
General				Outside Dimensions				Pressure/Forced																																																																																																																		
Bending	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>	Weld <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>																																																																																																																		
Centre Not Concentric	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>																																																																																																																		
Cracks	Broken/Damage/Defect <input type="checkbox"/>	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Off-set <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	Other <input type="checkbox"/>																																																																																																																		
Crimp/Kink/Ripple/Wave	Burrs <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Misread <input type="checkbox"/>																																																																																																																						
Cuffs	Cut Too Short <input type="checkbox"/>	Drawing <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Finish <input type="checkbox"/>	Fit/Function <input type="checkbox"/>																																																																																																																					
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Turning Sequence																																																																																																																										
Wave/Twist in Tube																																																																																																																										



## D3574-3 CABIN FLOOR PROTECTOR

**NOTES:**

- 1) MATERIAL: F60029 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE), 0.125 THICK, TEXTURED SIDE UP, (REF DART SPEC MLEXS.125-F60029-04)
  - 2) FINISH: N/A
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: .005 TO .010 MAX
  - 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3574-3" AND B/N USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE OF PART
  - 7) WEIGHT: 14.33 lbs
  - 8) CHECK PER TEMPLATE DT8962

DESIGN	<u>5</u>	DART AEROSPACE LTD		
DRAWN	<u>5</u>	HAWKESBURY, ONTARIO, CANADA		
CHECKED	<u>Q</u>	DRAWING NO.	REV. B	
MFG. APPR.	<u>R</u>	D3574	SHEET 3 OF 6	
APPROVED	<u>M</u>	TITLE	SCALE	
DE APPR.	<u>M</u>	CABIN FLOOR PROTECTOR NTS		
DATE	09.03.25	COPYRIGHT © 2007 BY DART AEROSPACE LTD		
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DQA:

Date:



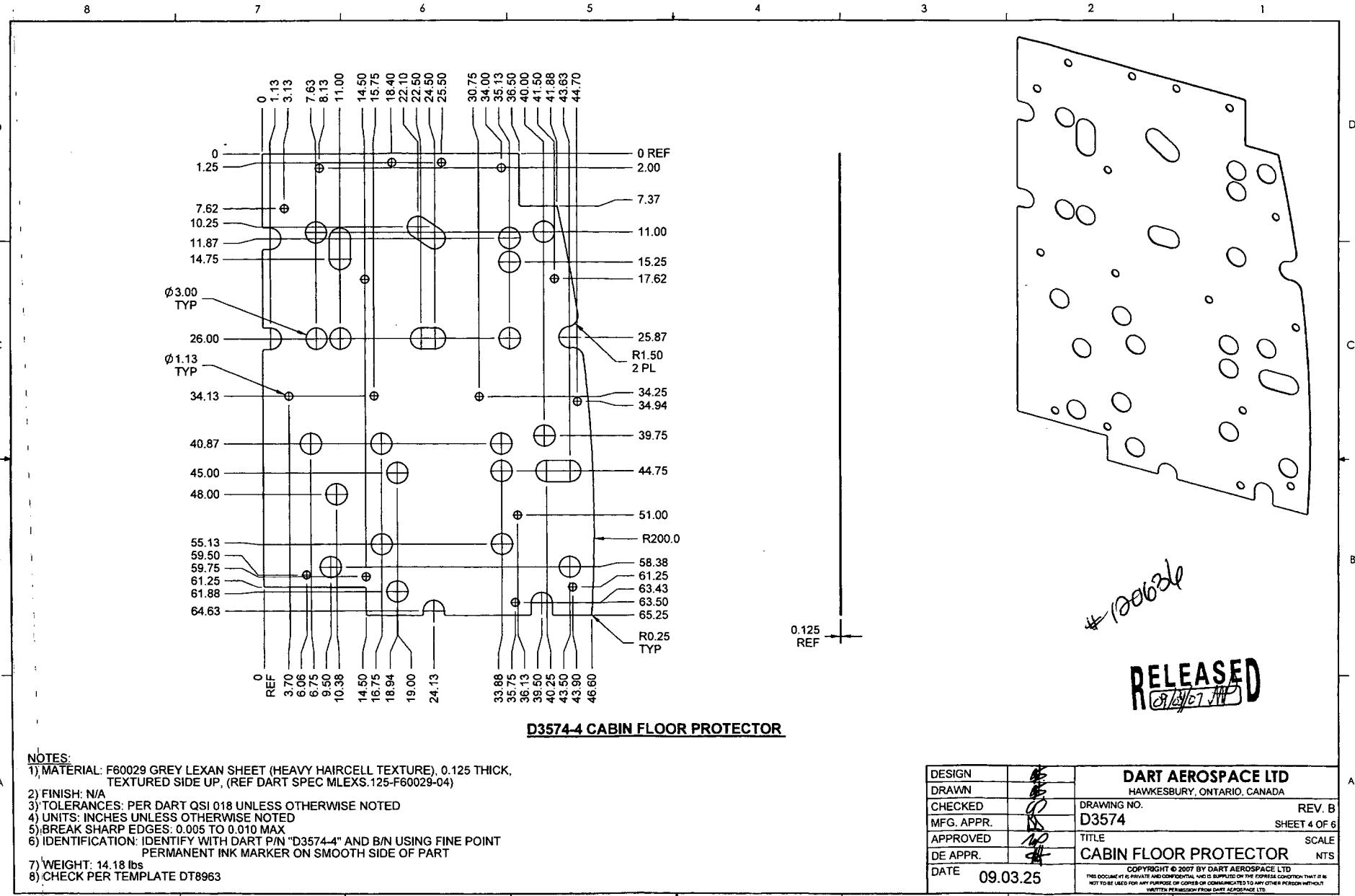
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only

Work Order: _____	<b>DISPOSITION</b>			<b>AGAINST DEPARTMENT/PROCESS</b>					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									
<b>FAULT CATEGORY</b>									
Landing Gear	Bending <input type="checkbox"/>	General			Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>		
	Centre Not Concentric <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>				
	Cracks <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
	Crimp/Kink/Ripple/Wave <input type="checkbox"/>	Broken/Damage/Defect <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Weld <input type="checkbox"/>				
	Cuffs <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
	Crushing <input type="checkbox"/>	Contamination <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>				
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>						
	Marks/Chatter <input type="checkbox"/>	Drawing <input type="checkbox"/>	Off-set <input type="checkbox"/>						
	Turning Sequence <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
	Wave/Twist in Tube <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
		Fit/Function <input type="checkbox"/>							



## **D3574-4 CABIN FLOOR PROTECTOR**

NOTES:

- 1) MATERIAL: F60029 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE), 0.125 THICK, TEXTURED SIDE UP, (REF DART SPEC MLEXS.125-F60029-04)
  - 2) FINISH: N/A
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
  - 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3574-4" AND B/N USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE OF PART
  - 7) WEIGHT: 14.18 lbs
  - 8) CHECK PER TEMPLATE DT8963

DESIGN	<del>10</del>	DART AEROSPACE LTD		
DRAWN	<del>10</del>	HAWKESBURY, ONTARIO, CANADA		
CHECKED	<del>10</del>	DRAWING NO.	REV. B	
MFG. APPR.	<del>10</del>	D3574	SHEET 4 OF 6	
APPROVED	<del>10</del>	TITLE	SCALE	NTS
DE APPR.	<del>10</del>	CABIN FLOOR PROTECTOR		
DATE	09.03.25	COPYRIGHT © 2007 BY DART AEROSPACE, LTD THIS DOCUMENT IS A PRIVATE AND CONFIDENTIAL DOCUMENT SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OF COPY OR COMMUNICATED TO ANY OTHER PERSON WITHOUT		

DQA: \_\_\_\_\_

Date: \_\_\_\_\_



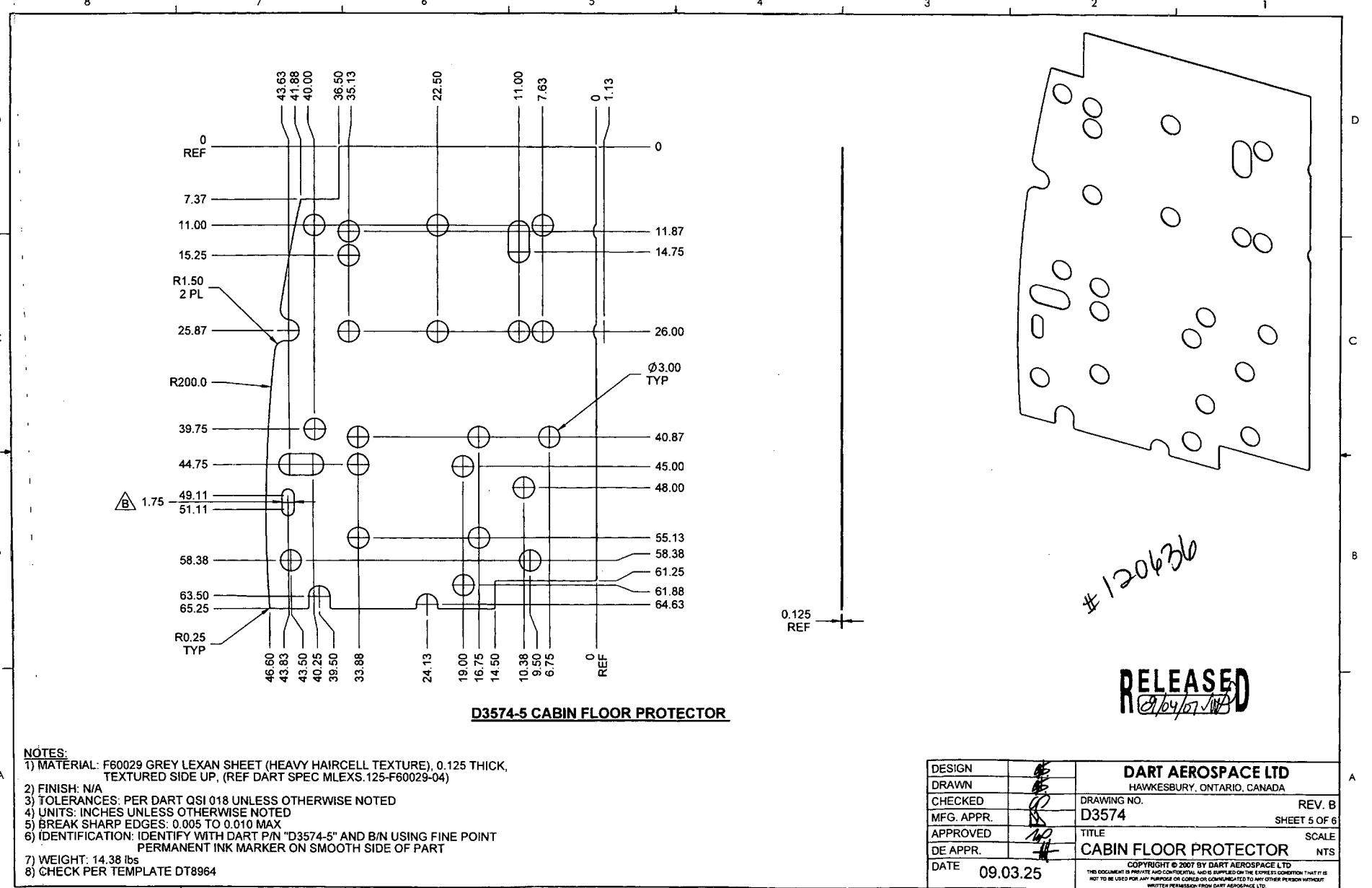
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_

Date: \_\_\_\_\_

Work Order update only 

Work Order: _____			<b>DISPOSITION</b>		<b>AGAINST DEPARTMENT/PROCESS</b>											
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>									
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>									
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>									
			Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>										
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector					
Design																
Doc/Data																
Equip/Tooling																
Handling/Pre																
Material																
Operator																
Offset/Setup																
Process																
Supplier																
Training																
Transport																
Unapproved																
FAULT CATEGORY																
Landing Gear	Bending Centre Not Concentric Cracks Crimp/Kink/Ripple/Wave Cuffs Crushing Heat Treat Inspection Strip in Tube Marks/Chatter Turning Sequence Wave/Twist in Tube			General		Folio/Program Grain Hardware Inspection Incomplete/Unqualified Instructions Incomplete/Unclear Misaligned/off center Mislabeled Misread Off-set Out of Calibration Out of Sequence			Outside Dimensions Over/Under tolerance Part Incorrect Part Lost/Missing Part Moved Positioned Wrong Power Loss/Surge			Pressure/Forced Set-up Temperature/Cure Weld Wrong Stock Pulled  Other				



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Date:

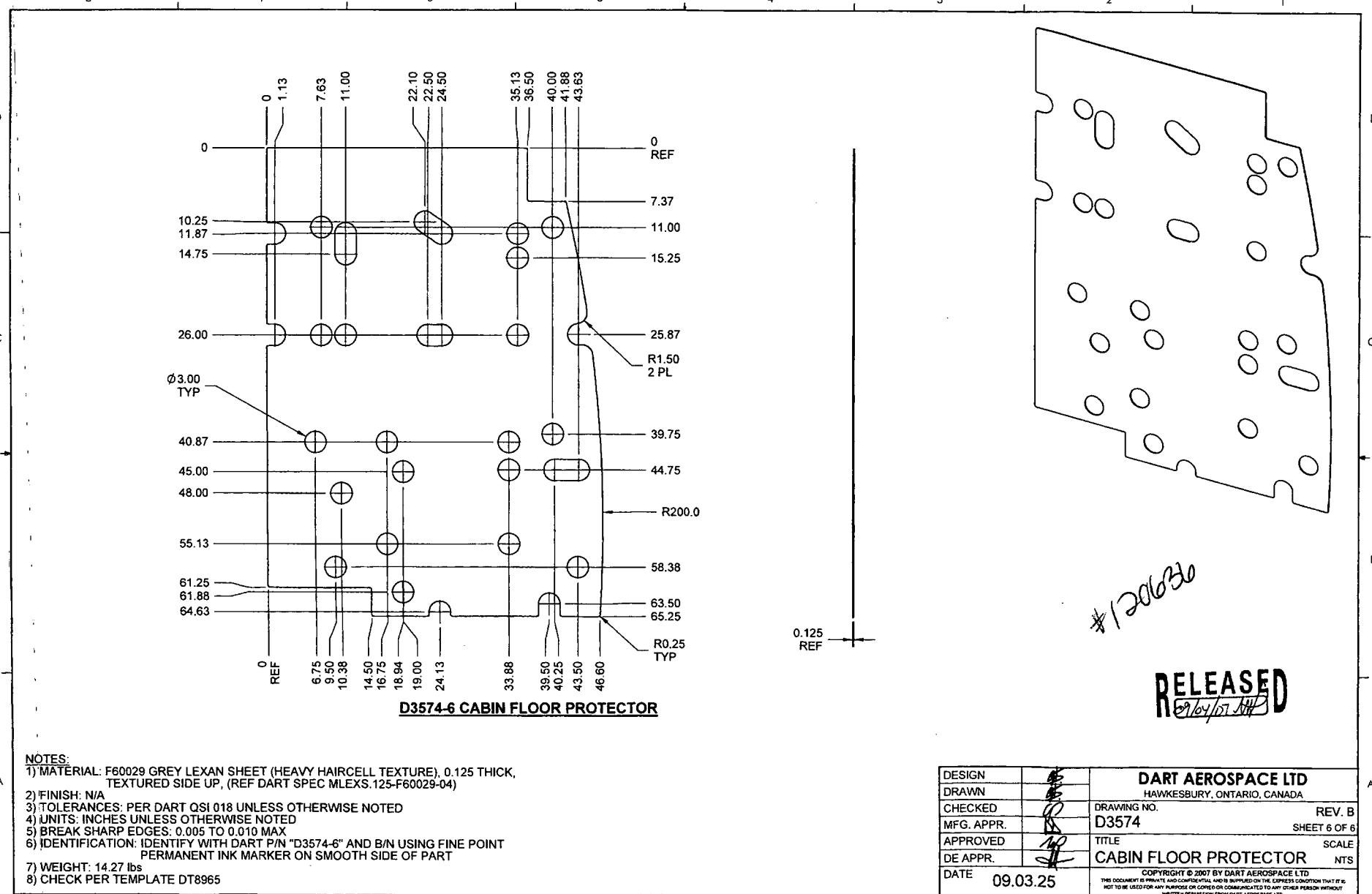


# **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Date:

## Work Order update only



DESIGN	<i>[Signature]</i>	DART AEROSPACE LTD
DRAWN	<i>[Signature]</i>	HAWKSLEY, ONTARIO, CANADA
CHECKED	<i>[Signature]</i>	DRAWING NO.
MFG. APPR.	<i>[Signature]</i>	REV. B
APPROVED	<i>[Signature]</i>	D3574
DE APPR.	<i>[Signature]</i>	SHEET 6 OF 6
		TITLE
		CABIN FLOOR PROTECTOR
		SCALE
DATE	09.03.25	NTS

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DQA:

Date:



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only

Work Order: _____			<b>DISPOSITION</b>		<b>AGAINST DEPARTMENT/PROCESS</b>						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Design Doc/Data Equip/Tooling Handling/Pre Material Operator Offset/Setup Process Supplier Training Transport Unapproved											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b>  <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b>  <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function			<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence			<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

DART AEROSPACE LTD	Work Order:	120634
Description: Cabin Floor Protector	Part Number:	D3574-5
Inspection Dwg: D3574 Rev: B		Page 1 of 2

### FIRST ARTICLE INSPECTION CHECKLIST

First Article     Prototype

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø3.00	+0.006/-0.001	3.004"	-		V	Jkm05
7.37	+/-0.030	7.37"	-		V	
11.00	+/-0.030	11.00"	-		V	
15.25	+/-0.030	15.25"	-		T	Jkm07
25.87	+/-0.030	25.87"	-		T	
39.75	+/-0.030	39.75"	-		T	
44.75	+/-0.030	44.75"	-		T	
49.11	+/-0.030	49.11"	-		T	
51.11	+/-0.030	51.11"	-		T	
1.75	+/-0.030	1.75"	-		T	
58.38	+/-0.030	58.38"	-		T	
63.50	+/-0.030	63.50"	-		T	
65.25	+/-0.030	65.25"	-		T	
11.87	+/-0.030	11.87"	-		V	
14.75	+/-0.030	14.75"	-		T	
26.00	+/-0.030	26.00"	-		T	
40.87	+/-0.030	40.87"	-		T	
45.00	+/-0.030	45.00"	-		T	
48.00	+/-0.030	48.00"	-		T	
55.13	+/-0.030	55.13"	-		T	
58.38	+/-0.030	58.38"	-		T	
61.25	+/-0.030	61.25"	-		T	
61.88	+/-0.030	61.88"	-		T	
64.63	+/-0.030	64.63"	-		T	
7.63	+/-0.030	7.63"	-		V	
11.00	+/-0.030	11.00"	-		V	
22.50	+/-0.030	22.50"	-		T	
35.13	+/-0.030	35.13"	-		T	
36.50	+/-0.030	36.50"	-		T	
40.00	+/-0.030	40.00"	-		T	
41.88	+/-0.030	41.88"	-		T	
43.63	+/-0.030	43.63"	-		T	
6.75	+/-0.030	6.75"	-		V	

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only 

Work Order: _____	<b>DISPOSITION</b>	<b>AGAINST DEPARTMENT/PROCESS</b>							
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

Landing Gear	General									
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Pressure/Forced					
	<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up					
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure					
	<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld					
	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled					
	<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other					
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge						
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread							
	<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set							
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration							
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence							

DART AEROSPACE LTD	Work Order:	120636
Description: Cabin Floor Protector	Part Number:	D3574-5
Inspection Dwg: D3574 Rev: B		Page 2 of 2

### FIRST ARTICLE INSPECTION CHECKLIST

First Article     Prototype

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
9.50	+/-0.030	9.50"	-		V	
10.38	+/-0.030	10.38"	-		V	
14.50	+/-0.030	14.50"	-		T	
16.75	+/-0.030	16.75"	-		T	
19.00	+/-0.030	19.00"	-		T	
24.13	+/-0.030	24.13"	-		T	
33.88	+/-0.030	33.88"	-		T	
39.50	+/-0.030	39.50"	-		T	
40.25	+/-0.030	40.25"	-		T	
43.50	+/-0.030	43.50"	-		T	
43.83	+/-0.030	43.83"	-		T	
46.60	+/-0.030	46.60"	-		T	
0.125	+/-0.010	0.126"	-		V	

DAS

Measured by:	23 9-89
Date:	14-06-89

Audited by:	27 9-89
Date:	14-06-89

Prototype Approval:	N/A
Date:	N/A

Rev	Date	Change	Revised by	Approved
A	08.01.16	New Issue	KJ//DD	
B	08.07.31	1.13 dimension removed	KJ/DD	
C	09.05.15	Dimensions updated per Dwg Rev B	KJ	MM

DQA:

Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date: \_\_\_\_\_

Work Order update only 

Work Order: _____				<b>DISPOSITION</b>		<b>AGAINST DEPARTMENT/PROCESS</b>					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											
<b>FAULT CATEGORY</b>											
Landing Gear				General							
Bending	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Centre Not Concentric <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
Cracks	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Set-up <input type="checkbox"/>	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>			
Crimp/Kink/Ripple/Wave	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Weld <input type="checkbox"/>	Cuffs <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
Crushing	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Heat Treat <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Off-set <input type="checkbox"/>	Other <input type="checkbox"/>			
Inspection Strip in Tube	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	Marks/Chatter <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Finish <input type="checkbox"/>	Fit/Function <input type="checkbox"/>				
Turning Sequence											
Wave/Twist in Tube											